



ENVIRONMENTAL COMPLAINTS & LOCAL SERVICES
TOTAL RETENTION FACILITIES
TOTAL RETENTION FACILITIES with LAND APPLICATION
WASTEWATER BYPASS FORM

DEQ Facility ID: _____ Facility Name: Rural Water + Sewer County: _____
DISTRICT NO. 20

Report all Total Retention Facility and
Total Retention Facilities with Land Application
wastewater bypasses to
DEQ/ Environmental Complaints and Local Services
within 24 hours at:

1-800-522-0206

Mail or Fax written report including copies of ANY test results
within 5 days to:

Department of Environmental Quality
Environmental Complaints and Local Services
P.O. Box 1677
Oklahoma City, OK 73101-1677
Fax No. (405) 702-6226

DEQ notified: 5 22 2017 2:58 ☐ AM ☒ PM
Month Day Year Time

Period of bypass: From 5 19 2017 7:30 ☐ AM ☒ PM
Month Day Year Time
To _____ ☐ AM ☐ PM
Month Day Year Time

Type of Bypass: ☐ Pipe ☒ Dagoon/Basin ☐ Manhole ☐ Head Works ☐ Lift Station

Strength of Bypass ☐ Raw ☒ Partially Treated Amount of Bypass: _____

Type of samples taken: ☐ BOD ☐ TSS ☐ Fecal ☐ pH ☒ None ☐ Other: _____

Geographical location of bypass and receiving stream if appropriate: NE corner of Basin 3
at Lat. 35.210092° Long. -95.539336°

Reason for bypass: Heavy rainfall from all the storms

Steps taken to prevent recurrence: make repairs to Basin 3 as needed

Were fish or other wildlife affected as a result of the bypass? ☐ Yes ☒ No How? _____

Impact to receiving stream and /or surrounding areas: Minimal due to excessive rainfall to
the area

Steps taken to clean up or treat bypass: lime was applied to affected area

Reported by: Laci Allen Title: Admin manager

Signature: [Signature] Date: 5-22-17
Facility Representative

DEQ EPS USE ONLY:

Type of Contact: ☐ Phone or ☐ Site Visit Date: _____ Follow up Site Visit ☐ Date: _____

Geographical location of bypass and receiving stream if appropriate: _____

Reason for bypass: _____

Steps taken to prevent recurrence: _____

Impact to receiving stream and/or surrounding areas: _____

Steps taken to clean up or treat bypass: _____

Corrective action needed: _____ Comply by date: _____

Reported information confirmed: ☐ Yes ☐ No If no, explain: _____

Comments: _____

Signature: _____ ID #: _____ Date: _____
ECLS Representative

RECEIVED

MAY 30 2017

ECLS